## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 676554

1. Corporation Name CARIBE IMPORTED CIGARS, INC.

Principal Place of Business
2201 SW 1 STREET
ANGLES EL GOLOG

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90010 001 \*\*\*150.00



Principal Place	of Rusiness	Mailing Address			I (20110 01151 19910 05101 011	OL OISIL Qual quaut bibii miaii bii	III <b>d</b> inii dinii inbi
•	•	2201 SW 1 STREET					
2201 SW 1 STE MIAMI FL 3313:			Ì				
US	•	MIAMI FL 33135 US				VRITE IN THIS SPACE	
					3. Date Incorporated or Quali	fed	
	·				07/15/1980	<del></del>	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<b>⊢</b> ∔-	Applied For
21		26			59-2009985		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d II '	Additional Required
22		27	<del></del>				
City & State	9	City & State			6. Election Campaign Finance Trust Fund Contribution		May Be
23	Country	28 Zip	Countr	v	8. This corporation owes the		10 1 003
Zip	Country	— ` — ſ	30	,	Personal Property Tax.	Current year intangiore ☐ Yes	□No
24	9. Name and Address of Curi		30		10. Name and Address of Ne		
	3. Name and Address of Odis	on registered rigeric	81	Name			
EIOF	RA, ENA K.		<u> </u>				
	3 SW 102 PL		82	Street /	Address (P.O. Box Number is Not Acc	eptable)	
MIAI	MI FL 33165		83	3			
				ļ			
	•		84	City		FL  85   Z	ip Code
11 Purcuant	to the provisions of Sections 607 (	502 and 607 1508 Florida Statute	es, the above	/e-named	corporation submits this statement for	the numose of changing	its registered
l office or r	egistered agent, or both, in the Sta	ite of Florida. Such change was at	utnorizea by	y ine corpo	pration's board of directors. I hereby a	ccept the appointment as	registered
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flor	ida Statute	S.			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE:	Registered Age	ent signature n	equired when reinstating)	DATE	·
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND DIREC	TORS IN 12
TITLE	Ρ						
NAME		☐ DËLETE	1.1 TITLE		SECRETARY	12 Chang	ge [[] Addition
		☐ DELETE	1.1 TITLE 1.2 NAME		CARIDAN CABRERA	<u>-</u> -	ge []_Addition
STREET ADDRESS	EIROA, ENA K	☐ DÉLETE	1.2 NAME	ET ADDRESS	CARIDAD CABRERA		, -
STREET ADDRESS	EIROA, ENA K 2433 SW 102 PL	_ DELETE	1.2 NAME	ET ADDRESS	CARIDAD CABRERA		, -
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.